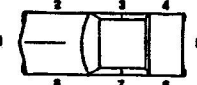
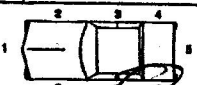
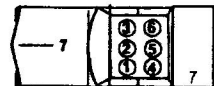


OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO 16-2219		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3	Lebanon Police		0830300		ODHS USE ONLY - DO NOT MARK ABOVE						LOCAL FILE NO
REPORT TAKEN <input type="checkbox"/> AT STATION <input type="checkbox"/> AT SCENE	NO OF VEH PEDESTRIANS INVOLVED 2	CRASH SEVERITY (CHECK MOST SEVERE) <input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY			COMBINED VEH. PROP LOSS <input type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150	HIT SKIP <input type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED							
IN COUNTY OF WARREN		IN <input checked="" type="checkbox"/> CITY LEBANON			DATE OF CRASH 2-5-16	DAY Fri	TIME MILITARY 1302						
CRASH OCCURRED ON 722 E Main St		WITHIN THE INTERSECTION OF Parking Lot											
IF NOT IN INTERSECTION MILES 50 FEET 00 N S E OF Colony Sq/Main St.		(LIST NEAREST INTERSECTING STREET, MIL POST HOUSE NO)			CITY CODE 8303								
LOG-1	LOG-2	LOC	JUR	FR	FILE								
A	UNIT NO. 1	NO OF OCCUPANTS	OPERATING	PARKED	DRIVERLESS	HIT & RUN NON CONTACT	INSURANCE CO OR AGENT Progressive						
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) Randall, Ronald		ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 16024 Shenandoah Rd. Berlin Center OH, 44401											
PHONE NO 330-207-9225	BIRTH DATE 3-18-43	AGE 72	SEX M	SOCIAL SECURITY NO		STATE OH	DRIVER'S LICENSE NO RK649550	OCCUPATION					
OWNER (IF SAME AS DRIVER, WRITE SAME) Same		ADDRESS Same			PHONE Same								
VEH YR 09	MAKE Chev	MODEL Tk	COLOR White	STYLE Tk	STATE OH	LICENSE PLATE NO GOA6265	TOWING SERVICE	VEH. PED DIR FROM N TO W					
CIRCLE DAMAGE AREAS 		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER	DAMAGE SEVERITY <input type="checkbox"/> NON-FUNCTIONAL <input checked="" type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input type="checkbox"/> DRIVEN AWAY <input checked="" type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE				
8	UNIT NO. 2	NO OF OCCUPANTS 1	OPERATING	PARKED	DRIVERLESS	HIT & RUN NON-CONTACT	INSURANCE CO OR AGENT Statefarm						
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) Isaacs, Sheri		ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 1065 E Main St #52, Lebanon 45036											
PHONE NO 513-267-5740	BIRTH DATE 03-23-69	AGE 46	SEX F	SOCIAL SECURITY NO		STATE OH	DRIVER'S LICENSE NO EJ464486	OCCUPATION					
OWNER (IF SAME AS DRIVER, WRITE SAME) Same		ADDRESS Same			PHONE Same								
VEH YR 97	MAKE Chev	MODEL 2H	COLOR Gry	STYLE 2H	STATE OH	LICENSE PLATE NO Esm1884	TOWING SERVICE	VEH. PED DIR FROM W TO S					
CIRCLE DAMAGE AREAS 		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER	DAMAGE SEVERITY <input type="checkbox"/> NON-FUNCTIONAL <input checked="" type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input checked="" type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input type="checkbox"/> DRIVEN AWAY <input checked="" type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE				
C FROM UNIT NO		NAME (LAST, FIRST, MI)		BIRTHDATE		AGE	POSITION		INJURIES				
		ADDRESS		m D Y		SEX	A B C D E F		A B C D E F				
D FROM UNIT NO		NAME (LAST, FIRST, MI)		BIRTHDATE		AGE			1 FATAL 2 SERIOUS VISIBLE 3 MINOR VISIBLE 4 NO VISIBLE INJURY 5 NOT INJURED				
		ADDRESS		m D Y		SEX							
E FROM UNIT NO		NAME (LAST, FIRST, MI)		BIRTHDATE		AGE							
		ADDRESS		m D Y		SEX	A B C D E F		CONDITION				
F FROM UNIT NO		NAME (LAST, FIRST, MI)		BIRTHDATE		AGE	P-PEDESTRIAN		1 APPARENTLY NORMAL 2 SICK 3 FATIGUED 4 APPARENTLY ASLEEP 5 PHYSICAL DEFECT 6 OTHER CONDITION 7 UNKNOWN				
		ADDRESS		m D Y		SEX	RESTRAINTS		ALCOHOL				
A B C		INJURED TAKEN TO		By		A B C D E F		A B C D E F					
D E F		INJURED TAKEN TO		By		1 NOT USED 2 NONE AVAILABLE 3 LAP BELT USED 4 LAP/SHOULDER BELT USED 5 SHOULDER BELT USED 6 CHILD SAFETY SEAT 7 AIR BAG USED 8 USE NOT REPORTED		A B C D E F					
A B C		OFFENSE CHARGED AND DESCRIPTION		By		1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE		A B C D E F					
D E F		OFFENSE CHARGED AND DESCRIPTION		By		1 NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILICIT DRUG		A B C D E F					
RECEIVED CALL 1302		DISPATCHED 1302	ARRIVED 1310	CLEARED 1318	OTHER TIME	TOTAL MINUTES 16							
DATE REPORT FILED 2-10-16		PHOTOS YES	OFFICER'S NAME Barber	BADGE NO. 120	CHECKED BY								